DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

The attached application, Docket No. BB1201 US CNT, or

As the below named inventor(s), I/we declare that:

This declaration is directed to:

	Application No, filed on,
	as amended on (if applicable);
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;	
I/ we have revie amended by any	wed and understand the contents of the above-identified application, including the claims, as a mendment specifically referred to above;
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and	
All statements made herein of mylown knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.	
FULL NAME OF	INVENTOR(S)
Inventor one:	REBECCA E. CAHOON
Signature:	Citizen of: UNITED STATES
Inventor two:	SAVERIO CARL FALCO
Signature:	Citizen of: UNITED STATES
Inventor three:	KARLENE H. BUTLER
Signature:	Citizen of: UNITED STATES
Inventor four:	
Signature:	Citizen of:
Additional inventors are being named on additional form(s) attached hereto.	
Burden Hour Statement: This collection of Information is required by 35 U.S.C. 115 and 37 CFR 1.63. The Information is used by the public to file (and the PTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 murule to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of fine you are required to complete this from these sent to the Chief Information Officer, U.S. Patient and Trademark Office. Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patient, Vashington, DC 20231.	